

CLAIMS ONLY	Application Number	Filing Date
	10/549914	
	Applicant(s)	

Filing Date

**Applicant(s)**

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2						
3						
4						
5						
6						
7						
8						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
Total Indep	1					
Total Depend	13					
Total Claims	14					